Foster Family Home - Corrective Action Report

Provider ID:

1-626202

Home Name:

Jaculino Delos Santos, CNA

Review ID:

1-626202-6

1115 Kukila Place

Reviewer:

Lisa Johnson

Honolulu

HI 96818 Begin Date:

4/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 3/19/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/19/19.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5)

Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

HHM#1,2,3 Does not have confidentiality training done.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

CG# 1,2 and 3 all have expired BBP certifications, they were due by 2/1/2018.

Primary Care Giver

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JACILLINO T. DELOIS SANTOS CCFFH Address: 1115 KUKILA PC. HON. HI. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
	HAM # 1,2 MHD 3 WORE TRAINED ON CONFIDENTIALITY AND CIGNED THE FORM AND PLACED IM ADMINISTRATIVE BINDER.		IN THE FUTURE, ALL NEW HOUSE HOLD METHODIS WILL DECEMENT THIS TRAINING WITHIN 15 DAYS OF BEING HODED TO HOME.
91.6.8	CAMPSE CHAMBT BE COMMERTED FOR BLODD BORNE PATHOGENI. CHATTEL CATTON WAS STALO		HOME UNDERSTAND THE IMPORTANCE OF BOP CONTIFICATION HOME WILL USE CUEATIVE REDWILMENTS TO BE POSTED ON PEFMENTATON TO PREVENT FLOURE LAPSE
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Primary Caregiver's Signature:

Print Name: TROUNNO T. DENOS SALITOS Date of Signature: MRY 7, 1819